MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07652

CERTIFICATE OF DEATH

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Harford

City or town White Hall R F D

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 46 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town White Hall, R. F. D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Amanda Ayres

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 27 - 1853

8. AGE: Years 87 | Months 9 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace Harford Co. Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name John Ayres

FATHER 13. Birthplace Harford Co. Md

MOTHER 14. Maiden name Elizabeth Perdue

MOTHER 15. Birthplace Harford Co. Md

16. Informant Mrs Nellie Ayres

Address White Hall. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 18-40 (month) (day) (year)

Cemetery or crematory McKendree

Location Black Horse Md

18. Funeral director P. Mankin undertaker

Address White Hall. Md

19. July 18 1940 (Date rec'd by registrar) Thomas R Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940, at 7.45 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 10 1935, to July 16 1940, and that I last saw her alive on June 1 1940.

Immediate cause of death	DURATION
Myocarditis	2 yrs
Cerebral Hemorrage	5 days
Due to Arterio Sclerosis	5 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. C. Ayres M.D. M. D. or other

Address White Hall, Md Date signed 7/17/40

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-R)

07653

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford

City or town Sharon
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Harford

City or town Sharon Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Baird

3. (b) Social Security Number none

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Wm Baird

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 5 - 1970

8. AGE: Years 70 | Months 6 | Days 20 | If less than one day ____ hrs. ____ min.

9. Birthplace Lancaster Pa.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Wm Baird
13. Birthplace Ireland

MOTHER
14. Maiden name Annie Baird
15. Birthplace Ireland

16. Informant Mrs Elizabeth Baird

Address Sharon

17. Bred
(Burial, cremation, or removal. Which?)

Date thereof July 28-40
(month) (day) (year)

Cemetery or crematory Wm Watters

Location Coopstown

18. Funeral director C G Kurtz & Son

Address Jane Todd Md

19. July 28 1940 Thos R Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at 11 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5 1940, to July 25 1940, and that I last saw him alive on July 25 1940.

Immediate cause of death: Chr. Myocardial Disease — DURATION: 1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson
M. D. or other

Address Forest Hill Md Date signed 7/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

07654

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford
City or town Forest Hills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 80 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Forest Hills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wilbur Barrow

3. (b) Social Security Number ---

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Jennie Tennant Barrow
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 11th 1856
8. AGE: Years 84 Months 2 Days 29 If less than one day hrs. min.
9. Birthplace Dickeyville, Baltimore Co., Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name James S. Barrow
13. Birthplace Dickeyville, Md.
MOTHER 14. Maiden name Eliza Bull
15. Birthplace Maryland
16. Informant Mrs. Jennie T. Barrow
Address Forest Hills, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 13th 1940 (month) (day) (year)
Cemetery or crematory Thomas Run
Location Harford County, Md.
18. Funeral director Wm. J. Tickner & Sons.,
Address North & Penna Aves.,
19. July 12th 1940 (Date rec'd by registrar) N. E. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940, at 1 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1939, to July 10 1940, and that I last saw him alive on July 10 1940.
Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis
Due to
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. P. Snodgrass M. D. or other
Address Darlington Md Date signed 7/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

115C

07655

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town Fallston Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cecil K. Beavers

3. (b) Social Security Number

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21-1911

8. AGE: Years 29 Months 3 Days 13 If less than one day hrs. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Rice J Beavers

13. Birthplace Va

MOTHER 14. Maiden name Rosa Seymore

15. Birthplace Va

16. Informant Rice J Beavers

Address Fallston Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 15-40 (month) (day) (year)

Cemetery or ~~crematory~~ Friendship M E

Location Fallston Md

18. Funeral director Hornberger & Leops

Address Benson Md

19. July 14th 1940 (Date rec'd by registrar) N E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1940, at 9 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8 1938 to July 11, 1940, and that I last saw him alive on July 11, 1940.

Immediate cause of death	DURATION
Laryngismus Stridulus	45 min
Due to Multiple Neuritis	3 yrs.
Due to Chronic septic tonsils	6 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Tonsillectomy — abscess cavities in both tonsils.

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clifford F. Hudson M.D. M. D. or other

Address Fork, Md. Date signed 7/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

07656

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Rural Havredegrace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 70 yrs.
Hospital, institution, or street address where death occurred:
Rural Havre de Grace Md
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Rural Havre de Grace Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R.D. # 2
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Melissa Ann Batts

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Goldsmith Batts
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 12, 1844

8. AGE: Years	Months	Days	If less than one day
94	10	13	— hrs. — min.

9. Birthplace: N. Y. (Town, county, and state)
10. Usual occupation: Home Duties
11. Industry or business: Home
FATHER 12. Name: Andrew Jackson Gardner
13. Birthplace: N. Y.
MOTHER 14. Maiden name: Clarissa Meade
15. Birthplace: N. Y.
16. Informant: Mr. Lester G. Batts
Address: Havre de Grace Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 28, 1940 (month) (day) (year)
Cemetery or crematory: Wesleyan Chapel Cem.
Location: Harford Co. Md.
18. Funeral director: W. Madison Mitchell
Address: Havre de Grace Md.
19. July 27 1940 Bertha B. Knight
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 25 1940 at 4 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1940 to July 25 1940
and that I last saw h[illegible] alive on July 24 1940

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to: Carcinoma Larynx	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: L. P. Snodgrass M. D. or other
Address: Darlington Date signed: 7/27/40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07657

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Rural near Perryman
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Still Born

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Rural near Perryman Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Harry Brown

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): July 13-1940
8. AGE: Years: Still Born; Months; Days; If less than one day: hrs. min.
9. Birthplace: Near Perryman Md (Town, county, and state)
10. Usual occupation: None
11. Industry or business:
FATHER 12. Name: Harold G. Brown
13. Birthplace: Perryman Md
MOTHER 14. Maiden name: Ann E. Christy
15. Birthplace: Perryman Md.
16. Informant: Mr Harold G. Brown
Address: Perryman Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 14 1940 (month) (day) (year)
Cemetery or crematory: Union M. E.
Location: Near Aberdeen Md
18. Funeral director: Henry Tarring & Sons
Address: Aberdeen Md
19. July 13 1940 (Date rec'd by registrar) C. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 13 1940, at 1 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

	DURATION
Immediate cause of death	
Due to	Still Born
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Claude R. Cowan M. D. or other
Address: Havre de Grace Md Date signed 7-13-40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

92-a

07658

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford County

City or town Havre-de-Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 20 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Tennessee County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Brown

3. (b) Social Security Number 217-10-3633

4. Sex	5. Color or race	6.(a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~
Male	Negro	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 12 - 1904

8. AGE: Years	Months	Days	If less than one day
36 years	6	2	— hrs. — min.

9. Birthplace Tennessee (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Construction work

FATHER 12. Name James Brown. deceased

13. Birthplace North Carolina

MOTHER 14. Maiden name ?. deceased

15. Birthplace ?

16. Informant Hospital records

Address Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 18-40. (month) (day) (year)

Cemetery or crematory St. James A.M.E. Ceme-

Location Havre de Grace Md

18. Funeral director Pennington & Son

Address Havre de Grace, Md.

19. July 16th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1940, to July 15 1940, and that I last saw h alive on July 15 1940.

	DURATION
Immediate cause of death Aortic Regurgitation	
Due to Chronic Valvular Disease of Heart	
Due to	
Other conditions Cardiac Failure	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D. M. D. or other

Address Havre de Grace Md Date signed 7/15/40

RECEIVED
AUG 3 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

07659

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 234 N Washington St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City ~~or town~~ Havre de Grace - Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Adam Cooper.

3. (b) Social Security Number 212-01-7643 → None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June — 1881

8. AGE: Years 58 | Months — | Days — | If less than one day ___ hrs. ___ min.

9. Birthplace Charlestown - Cecil Co., Md. (Town, county, and state)

10. Usual occupation worked at lunch counter at

11. Industry or business Race Track.

FATHER

12. Name James Cooper

13. Birthplace Cecil Co.

MOTHER

14. Maiden name Ida Alexander.

15. Birthplace Cecil Co.

16. Informant Mrs. Ida Cooper.

Address

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Aug. 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Angel Hill Cemetery

Location Havre de Grace, Md.

18. Funeral director Pennington & Son

Address Havre de Grace, Md.

19. July - 31st 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940, at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not seen before death 19__, to 19__, and that I last saw h__ alive on 19__.

Immediate cause of death Cardiac failure / " congestion

Due to Arterio sclerosis.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION ?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Ralph Hosky M.D. M.D. or other

Address Churchville, Md. Date signed July 30

acting deputy - med. examiner

RECEIVED
AUG 3 1940
BUREAU U. S.

07660

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131a)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 36 Hrs.

Hospital, institution, or street address where death occurred: Harford Memorial Hospital

How long in hospital or institution? 36 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Harford

City or town Perryman (If outside city or town limits, write RURAL and give nearest town)

Street No. Rural (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Ethel Belle Courtney

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Cecil C. Courtney

6.(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.): April 3, 1887

8. AGE: Years 53 Months 3 Days 19 If less than one day ..... hrs. ..... min.

9. Birthplace: Harford Co. Md. (Town, county, and state)

10. Usual occupation: House Duties

11. Industry or business: Home

FATHER 12. Name: Frank Kimble

13. Birthplace: Md.

MOTHER 14. Maiden name: Rebecca Griffith

15. Birthplace: Md.

16. Informant: Cecil C. Courtney

Address: Perryman, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 25, 1940 (month) (day) (year)

Cemetery or crematory: Grove

Location: Aberdeen Md.

18. Funeral director: R. Madison Mitchell

Address: Havre de Grace, Md.

19. July-24th 1940 (Date rec'd by registrar) James H Bay Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 7 45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 21 1940 to July 22 1940 and that I last saw her alive on July 22, 1940

Immediate cause of death: Cardiac Decompensation

Due to: Chronic Diffuse Nephritis

Due to:

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Havre de Grace Md Date signed 7-24-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (112)

CERTIFICATE OF DEATH

07661

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Harford

City or town: Aberdeen Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Phila. Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Aberdeen Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Phila. Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mrs. Mary K. Cullum

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

8 (b) Name of husband or wife: Burness S. Cullum

6(c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): Jan. 9 - 1900

8. AGE: Years: 40 Months: 6 Days: — If less than one day: ____ hrs. ____ min.

9. Birthplace: Churchville Harford Co.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Joseph C. Baldwin

13. Birthplace: Maryland

MOTHER 14. Maiden name: Catherine Singleton

15. Birthplace: Maryland

16. Informant: Mr. Burness S. Cullum

Address: Aberdeen Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 24 1940 (month) (day) (year)

Cemetery or crematory: Grove

Location: Aberdeen Md

18. Funeral director: Henry Jarring & Sons

Address: Aberdeen Md.

19. July 24 1940 (Date rec'd by registrar) C. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 22 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 13 1939, to July 22 1940, and that I last saw her alive on July 22 1940

Immediate cause of death	DURATION
Acute Congestive Heart Failure	
Chronic Bronchial Asthma	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. H. Lawrence M.D. M. D. or other

Address: Aberdeen Md. Date signed: July 24 1940

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

07662

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford

City or town near Cooptown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 31 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Harford

City or town near Cooptown
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Harry Alfred Friend

3. (b) Social Security Number None

4. Sex male

5. Color or race white

6.(a) Single, married, widowed, or divorced married

6.(b) Name of ~~husband~~ or wife Mary Isabell Friend

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Dec. 7-1881

8. AGE: Years 58 | Months 7 | Days 7 | If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore Co.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles Harry Friend
13. Birthplace Balto.

MOTHER
14. Maiden name Florence Keener
15. Birthplace Balto.

16. Informant Harry N. Friend
Address Forest Hill Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof July 16, 1940
(month) (day) (year)

Cemetery or ~~crematory~~ Wm Watters Memorial

Location Cooptown Md

18. Funeral director E. G. Kurtz & Son
Address Jarrettsville, Md

19. July 16 1940 Thomas R Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940 at 11.15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 1940 to ..... 19.....
and that I last saw h..... alive on never treated him 19.....

Immediate cause of death	DURATION
Heart Failure	
Due to Coronary occlusion	one year?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Melvin N. Borden M.D.
M. D. ~~or other~~

Address Jarrettsville, Md Date signed 7/16/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

07663

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 212 Freedom St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 212 Freedom St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edna Richardson Gibson
3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife John Gibson
6(c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) April 7, 1910

8. AGE:

Years	Months	Days	If less than one day
30	3	X	X hrs. X min.

9. Birthplace Philadelphia, Pa
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Robert Crouch
13. Birthplace Havre de Grace, Md
MOTHER 14. Maiden name Anny J. Collins
15. Birthplace Philadelphia, Pa.
16. Informant Mr. John Gibson
Address 212 Freedom St. Havre de Grace Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-11-40 (month) (day) (year)
Cemetery or crematory St. James A. M. E. Cemetery
Location Havre de Grace, Md
18. Funeral director Elmer E. Bullock
Address Havre de Grace, Md.
19 July 10th 1940 (Date rec'd by registrar) James H. Boyd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940 at 11:40 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 1940 to July 7 1940, and that I last saw h[illegible] alive on July 7 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	11 mos.
Due to	
Due to	
Other conditions Unclassified.	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D.
M. D. or other
Address Havre de Grace Date signed 7/10/40

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23a)

07664

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
662 Franklin St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Havre de Grace Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 662 Franklin St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Clara Mary Godwin

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife John W. Godwin
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1851

8. AGE: Years	Months	Days	If less than one day
88	9	18	....hrs. ....min.

9. Birthplace Harford Co. Md.
(Town, county, and state)
10. Usual occupation Home Duties
11. Industry or business Home

FATHER
12. Name Samuel Forsythe
13. Birthplace Md.

MOTHER
14. Maiden name Catherine Bailie
15. Birthplace France

16. Informant Mrs. Clara M. Baldwin
Address Havre de Grace, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 28, 1940 (month) (day) (year)
Cemetery or crematory Angel Hill
Location Havre de Grace, Md.
18. Funeral director T. Madison Mitchell
Address Havre de Grace, Md.
19. July 27 1940 (Date rec'd by registrar) James H. Baynard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940 at 12 15 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1933 to July 26 1940 and that I last saw h.. alive on July 26 1940

Immediate cause of death	DURATION
Arteriosclerosis	
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions Ex Laparotomy	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE F. W. Steiner M. D. or other
Address Havre de Grace Md. Date signed July 27-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83C)

CERTIFICATE OF DEATH

07665

Reg. Dist. No. 183

VS A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Harford

City or town near Jarrettsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 weeks

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford

City or town [illegible] (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Evans Stanley Holland

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widower

6.(b) Name of husband or wife Martha E. Holland

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 17, 1857

8. AGE: Years	Months	Days	If less than one day
83	1	17	..... hrs. ..... min.

9. Birthplace Baldwin, Balto Co. Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER 12. Name John B. Holland

13. Birthplace Balto. Co Md

MOTHER 14. Maiden name Louisa B. Watters

15. Birthplace Balto Co Md

16. Informant Mrs. Bertram B. Wiley

Address Jarrettsville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 4 1940 (month) (day) (year)

Cemetery or ~~cremetery~~ Rock Spring

Location Forest Hill, Md.

18. Funeral director E. D. Kurtz & Son

Address Jarrettsville, Md.

19. July 4 1940 (Date rec'd by registrar) Thos. R. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2nd 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 21 1940, to July 2 1940 and that I last saw h[illegible] alive on July 2 1940

Immediate cause of death	DURATION
Bronchopneumonia	8 days.
Due to Cerebral Thrombosis	12 days
Due to Arteriosclerosis (Senile)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Melvin N. Borden M.D. M. D. or other

Address Jarrettsville, Md. Date signed July 3, 40

RECEIVED
AUG 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07666

1. PLACE OF DEATH (47-D)

County Harford County Registration Dist. No. 182

Village or City Mr Bel Air No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Charles Klahold If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Regina Klahold

6. DATE OF BIRTH (month, day, and year): May 15-1889

7. AGE: Years 51 Months 1 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Clergyman

10. Date deceased last worked at this occupation (month and year): June 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): York Pa.

FATHER

13. NAME: Fred Klahold

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Willehemina Siegman

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Bertha R. Klahold Baltimore Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place: Prospect Hill Cem Yorks Pa Date: July 5, 1940

19. UNDERTAKER (Address): John C. Miller Inc. 2435 E. Oliver St.

20. FILED: July 3, 1940 N. E. Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 2 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April, 1940, to June, 1940

I last saw him alive on 7/2, 1940; death is said to have occurred on the date stated above, at 10 40 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma Lung (Primary)	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. B. Hopkins M. D.

(Address) Bel Air Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
JUL 11 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

07667

WITHIN INCORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre De Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution Harford Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 da. 7 hrs.
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Bel Air Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Margaret Jane Krouse

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband ~~or wife~~ Thomas Krouse
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) January 20 - 1881

8. AGE:

Years	Months	Days	If less than one day
59	5	25	hrs. min.

9. Birthplace Havre De Grace Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name John Welsh
13. Birthplace Baltimore Md
MOTHER 14. Maiden name Mary McGee
15. Birthplace Havre De Grace Md.
16. Informant Hospital records.
Address Havre de Grace md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof July 18 1940 (month) (day) (year)
Cemetery ~~or crematory~~ Bakers Cemetery.
Location Aberdeen - Md.
18. Funeral director Pennington Bros.
Address Havre de Grace, md.
19. July 16th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940, at 5.20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26 1940, to July 16 1940
and that I last saw h alive on 19
Immediate cause of death Splenic Myelogenous Leukemia — DURATION
Due to
Due to (Primary anemia)
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. Stewart M.D. M. D. or other
Address Havre de Grace Md Date signed 7/16/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (170C)

07668

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre De Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Perrymans Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John Parker Mitchell
3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 9 - 1931
8. AGE: Years 9 Months 4 Days 1 If less than one day hrs. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Parker Mitchell Jr
13. Birthplace Perrymans, Md
MOTHER 14. Maiden name Virginia Proudfoot
15. Birthplace West Virginia
16. Informant Parker Mitchell Jr
Address Perrymans Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 12 - 1940 (month) (day) (year)
Cemetery or crematory Spesutia
Location Perryman Md.
18. Funeral director Henry Tarring & Sons
Address Aberdeen Md
19. July - 13 - 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10th 1940, at 2 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8th 1940, to July 10th 1940, and that I last saw him alive on July 10th 1940.
Immediate cause of death Severe Concussion of Brain, Fracture of Right Femur (Compound, Comminuted)
Due to Being struck by Automobile
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of July 8th 1940
Where did injury occur? Perrymans (City or town) Harford (County) Md (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James H. Bay M.D. M.D. or other
Address Havre De Grace Md Date signed 7/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

07669

CERTIFICATE OF DEATH

Reg. Dist. No. 184

1. PLACE OF DEATH:

County: Harford

City or town: Whitford (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Whitford County: Harford

City or town: (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Anna May Morris

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Grover Morris

6.(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): March 4 1888

8. AGE: Years: 52 Months: 3 Days: 29 If less than one day: hrs. min.

9. Birthplace: Whitford Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER: 12. Name: George Pearce

13. Birthplace: Md

MOTHER: 14. Maiden name: Mary Roberts

15. Birthplace: Md

16. Informant: Grover Morris

Address: Whitford Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 5, 1940 (month) (day) (year)

Cemetery or crematory: Slate Ridge

Location: Delta Pa

18. Funeral director: W. Howard Webb

Address: Farmer Grove Pa

19. July 4 1940 (Date rec'd by registrar) H. J. S. McNabb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 3rd 1940, at 6 50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to July 3rd 1940 and that I last saw her alive on July 3rd 1940

Immediate cause of death: Carcinoma of Colon

DURATION: 1 yr. 2 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Josiah A. Hunt, M.D. M. D. or other

Address: Cardiff, Md Date signed: July 3rd 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

WITHIN CORPORATE LIMITS OF

07670

CERTIFICATE OF DEATH

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace -
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: 214 - North Union Ave.,
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): all life,

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland - County: Harford,
City or town: Havre de Grace Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 214 - Union ave.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Joseph C. Parker.

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married.

6 (b) Name of ~~husband or~~ wife: Betty Mattingly Parker

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): August - 6 - 1875.

8. AGE: Years	Months	Days	If less than one day
64	11	23	____ hrs. ____ min.

9. Birthplace: Harford County - Md.
(Town, county, and state)
10. Usual occupation: Plumbing Contractor.
11. Industry or business:

FATHER
12. Name: Charles J. Parker.
13. Birthplace: Harford County, Md.

MOTHER
14. Maiden name: Adaia Colbert
15. Birthplace: Baltimore - Md.

16. Informant: Mrs. J. C. Parker.
Address: Havre de Grace, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof aug. 2 - 1940. (month) (day) (year)
Cemetery or ~~crematory~~: angel Hill Cemetery.
Location: Havre de Grace, Md.

18. Funeral director: Pennington & Son.
Address: Havre de Grace, md.

19. July - 31 - 1940 (Date rec'd by registrar) James H. Bay (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 30th 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from July 17th 1940 to July 30th 1940, and that I last saw him alive on July 30th 1940.

Immediate cause of death	DURATION
Acute Cardiac Dilatation	
Due to Coronary Thrombosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: James H. Bay M.D. or other
Address: Havre DeGrace md. Date signed: 7/31/40

RECEIVED
AUG 3 1940
BUREAU V. S.

07671

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

Reg. Dist. No. 184

1. PLACE OF DEATH:

County Harford

City or town Cardiff (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Harford

City or town Cardiff (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Charles D Powell

3.(b) Social Security Number None

4. Sex Male

5. Color or race White

6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1856

8. AGE: Years 84 Months 0 Days 24 If less than one day hrs. min.

9. Birthplace Harford Co Md. (Town, county, and state)

10. Usual occupation Retired Bookkeeper

11. Industry or business Clinical

FATHER 12. Name Victor D Powell

13. Birthplace Pa

MOTHER 14. Maiden name Elizabeth White

15. Birthplace Pa

16. Informant John Powell

Address Philadelphia

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 23, 1940 (month) (day) (year)

Cemetery or crematory Slatterville

Location Delta Pa

18. Funeral director H Howard Hill

Address Farm Grove Pa

19. July 23 1940 (Date rec'd by registrar) H. J. McNabb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1940 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw h alive on 19

Immediate cause of death Cerebral Hemorrhage with paraplegia. DURATION 6 months

Due to Senility.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

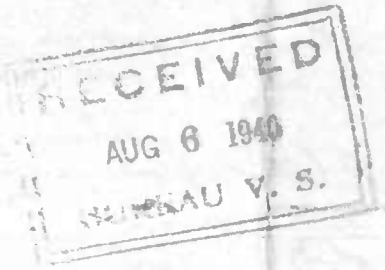
23. SIGNATURE Josiah A. Hunt, M.D. acting Deputy ~~Medical~~ M. D. Examiner

Address Cardiff, Md. Date signed July 22, 1940

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07672

Reg. Dist. No. 181

1. PLACE OF DEATH:

County: Harford

City or town: Route 40, near Belcamp, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Route 40

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Balto.

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1612 Thames St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Non

3. (a) FULL NAME: Leonard R. Ritter

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife: ———

6(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.): Dec. 19 1910

8. AGE: Years: 29 | Months: 7 | Days: 19 | If less than one day: ——— hrs. ——— min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: U.S. Navy

11. Industry or business: Machinist's mate Second Class

FATHER
12. Name: William F. Ritter
13. Birthplace: Baltimore, Md

MOTHER
14. Maiden name: Mary Weber
15. Birthplace: Balto. Md

16. Informant: Mrs. William F. Ritter
Address: 1612 Thames St. Balto. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 11th 1940 (month) (day) (year)

Cemetery or crematory: Holy Rosary

Location: Balto. Co. Md.

18. Funeral director: Geo. G. Weber

Address: 705 S. Conn. Ave. Balto. Md

19. July 9 1940 (Date rec'd by registrar) C. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 8 1940, 11:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw h— alive on ——— 19—.

Immediate cause of death	DURATION
Pulmonary Hemorrhage	
Due to Laceration of Lung	
Due to Fractured Ribs	
Other conditions Fracture of mandible	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 7/8/40

Where did injury occur? Route 40, near Belcamp, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Public Road Rt 40

Means of injury: Auto Accident Injured at work? No

23. SIGNATURE: J. H. Lamme M.D.
Dep. Medical Examiner
M. D. or Coroner

Address: Aberdeen, Md. Date signed: 7/8/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Authorization to add M.M. 2nd C. letter to undertaker from U.S. Navy Dept.
AS 7-17-40

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

07673

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:
County: Harford
City or town: Joppa (near)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or insf. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 69 y Ears

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Joppa (near) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Catharine Schlereth

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Peter Schlereth
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Feb 23 - 1871

8. AGE: Years: 69 Months: 5 Days: 2 If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:

FATHER
12. Name: Chas. Blarsch
13. Birthplace: Maryland

MOTHER
14. Maiden name: Christine Horn
15. Birthplace: Maryland

16. Informant: Mary Schlereth
Address: Joppa Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7 (month) 28 (day) 1940 (year)
Cemetery or crematory: Trinty.
Location: Joppa, Md.

18. Funeral director: Howard K. McComas,
Address: Abingdon, Md.

19. July 26 1940 (Date rec'd by registrar) Emily M. Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 25 1940, at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1937, to July 25 1941, and that I last saw h ee alive on July 25 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 days
Due to Cerebral Hemorrhage	1 mo
Due to Cerebral Hemorrhage	3 y Ears

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Chas E Roth M. D. or other
Address: Edgewood Md Date signed: July 26 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93-d

07674

Reg. Dist. No. 184

1. PLACE OF DEATH:

County: Harford

City or town: Whiteford

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 64 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Whiteford Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John W. Singleton

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife: Sarah Singleton

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 5, 1875

8. AGE: Years 64 | Months 9 | Days 4 | If less than one day: hrs. min.

9. Birthplace: Harford Co. Md. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER — 12. Name: Frank Singleton; 13. Birthplace: Harford Co. Md.

MOTHER — 14. Maiden name: Katherine Harmon; 15. Birthplace: Harford Co. Md.

16. Informant: Arthur Thompson

Address: Whiteford, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 12, 1940 (month) (day) (year)

Cemetery or crematory: Tabernacle Cemetery

Location: Harford Co. Md.

18. Funeral director: Hubert P. Harkins

Address: Delta, Penna.

19. July 11 1940 (Date rec'd by registrar) H. J. S. McNabb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th 1940, at 3 00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939, to July 9th 1940, and that I last saw h- alive on July 9th 1940.

Immediate cause of death	DURATION
General Debility	
Ext. Sclerotic C-V Disease	
Due to Generalized Arterio Sclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Josiah A. Hunt M.D. M. D. or other

Address Cardiff, Md Date signed 7/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 8 1940
BUREAU V. S.

07675

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164b)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford.
City ~~or town~~ Havre de Grace, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Unknown.
Hospital, Institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Canada ~~County~~ Province - Ontario
City or town Toronto
(If outside city or town limits, write RURAL and give nearest town)
Street No. 77 Gates Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Howard Stibbard

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: white.
6.(a) Single, married, widowed, or divorced: married.
6.(b) Name of ~~husband or~~ wife: Mary Bean
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) Sept. 24, 1882

8. AGE: Years 57 | Months 9 | Days 14 | If less than one day ..... hrs. ..... min.

9. Birthplace Toronto - Canada.
(Town, county, and state)
10. Usual occupation Rail Road - (unknown)
11. Industry or business —

FATHER
12. Name Thomas James Stibbard
13. Birthplace Toronto Canada

MOTHER
14. Maiden name Maria Dark
15. Birthplace Toronto - Canada.

16. Informant medical examiner Dr. Ramsey
Address Aberdeen - Md.

17. Burial - (Burial, ~~cremation, or removal. Which?~~) Date thereof July 12-40 (month) (day) (year)
Cemetery ~~or crematory~~ —
Location Toronto, Canada,

18. Funeral director Pennington & Son,
Address Havre de Grace, Md.

19. July - 10th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940, at Between 12 Am & 5 Am M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ....., to ..... 19 .....
and that I last saw h ..... alive on ..... 19 .....

Immediate cause of death: Drowning - Suicidal

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations ..... Date of op. .....

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Suicide Date of 7/10/40
Where did injury occur? Havre de Grace (City or town) Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?) Susq. river
Means of injury Injured at work?

23. SIGNATURE J H Ramsey M.D. Dep. medical Exam.
Address Aberdeen Md. Date signed 7/10/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (148)

07676

CERTIFICATE OF DEATH

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Glen Cove Berkley, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford

City or town ~~Berkley~~ Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Glen Cove 808 Ridgeleigh Rd

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dorothy C. Tall

3. (b) Social Security Number

4. Sex: F

5. Color or race: White

6. (a) Single, married, widowed, or divorced: ~~Single~~ Married

6 (b) Name of husband or wife: Broughton Tall

Alive 6(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): June 11 1893

8. AGE: Years 47 | Months 1 | Days 15 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Glyndon Md. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: at home

FATHER 12. Name: Clarence Cockron

FATHER 13. Birthplace: Baltimore Md

MOTHER 14. Maiden name: Elizabeth Tilghman

MOTHER 15. Birthplace: Baltimore Md

16. Informant: Broughton Tall

Address: 808 Ridgeleigh Rd Road

17. Cremated (Burial, cremation, or removal. Which?) Date thereof ____ (month) (day) (year)

Cemetery or crematory: Loudon Park Cem.

Location: Baltimore Md

18. Funeral director: Wm. Cook

Address: St. Paul & Preston St. Baltimore

19. July 26 1940 M. F. Kirk

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Suicide by drowning	Immediate
Due to	
Due to	
Other conditions Lysol poisoning	—

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of July 26 1940

Where did injury occur? Berkley (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place, (where?) Public Place Berkley, Md.

Means of injury Drowning Injured at work? No

23. SIGNATURE Gerald C. Palmer M.D. M. D. or other

Address Bel Air, Md. Date signed 7/26/40

Acting deputy Medical Examiner

RECEIVED
AUG 6 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

08067

CERTIFICATE OF DEATH

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford Co.,
City or town: Darlington, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Darlington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION) No
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wm. C. Temple

3. (b) Social Security Number No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Lena Temple Dead
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 27, 1871

8. AGE: Years: 69 Months: 4 Days: 24 If less than one day: ____ hrs. ____ min.

9. Birthplace: Harford Co., Md.
(Town, county, and state)

10. Usual occupation: Stone Mason

11. Industry or business: House Builder

FATHER
12. Name: Wm. J. Temple
13. Birthplace: Harford Co. Md

MOTHER
14. Maiden name: Amerilla Whitaker
15. Birthplace: Harford Co. Md

16. Informant: Mrs. Beecher House
Address: Darlington Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year): Burial Aug. 24, 1940

Cemetery or crematory: Mt. Tabor Cem
Location: Harford Co. Md.

18. Funeral director: H. S. Bailey
Address: Darlington Md.

19. (Date rec'd by registrar) Aug. 24 1940 M. A. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 22 1940, at 8:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22 1940, to July 22 1940, and that I last saw him alive on July 21 1940

Immediate cause of death: Acute Dilatation of Heart — DURATION: sudden

Due to:

Due to:

Other conditions: Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings:

Ot operations:

Ot autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: F. P. Swaggerty M. D. or other
Address: Darlington Md. Date signed 8/23/40

RECEIVED
OCT 7 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (12)

07677

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre De Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 da., 3½ hrs.
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre De Grace Ward No. Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Agustus Bradford Thompson
3. (b) Social Security Number No.

4. Sex male
5. Color or race W
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Ida F. Thomaron
alive
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 10, 1865
8. AGE: Years 75 Months 0 Days 14 If less than one day hrs. min.
9. Birthplace Harford Co. Maryland (Town, county, and state)
10. Usual occupation Retired farmer
11. Industry or business
FATHER 12. Name Evan Thompson
13. Birthplace Harford Co Md.
MOTHER 14. Maiden name Sara Miller Knight
15. Birthplace Harford Co., Md
16. Informant Hospital Records
Address Havre De Grace, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 26, 1940 (month) (day) (year)
Cemetery or crematory Wesleyan Chapel Cem,
Location Harford Co., Md
18. Funeral director H. S. Bailey
Address Darlington, Md.
19. July 25th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 2:20 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 1940, to July 24 1940, and that I last saw him alive on July 24 1940.
Immediate cause of death Cardiac insufficiency
Due to Probably Tetanus infection
Due to Injury to hand
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. S. Sewell M.D. M. D. or other
Address Havre de Grace Md Date signed 7-25-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
U. S.

07678

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94-00)

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford

City or town Pylesville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Harford

City or town Pylesville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Jane Mary Wilson

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6.(a) Single, married, widowed or divorced Married

6.(b) Name of husband or wife Samuel W. Wilson

6.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Aug 27 1869

8. AGE: Years 70 Months 10 Days 19 If less than one day ..... hrs. ..... min.

9. Birthplace Md. Street Harford Co
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Davis
13. Birthplace Md

MOTHER
14. Maiden name Jannie M Wallace
15. Birthplace Md

16. Informant Wallace Wilson

Address Pylesville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 19 1940 (month) (day) (year)

Cemetery or crematory Highland

Location Street Md

18. Funeral director W. Howard Webb

Address Fawn Grove Pa

19. July 19 1940 (Date rec'd by registrar) Thomas R. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940, at 8:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 1940 to July 16 1940 and that I last saw her alive on July 16 1940

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION 5 yrs.

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edward A. Hyson M. D. or other

Address Fawn Grove, Pa Date signed July 18, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (88-a)

WITHIN CORPORATE LIMITS

07679

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace,
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 16 days

Stay in this community (yrs., or mos., or days) 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Abingdon Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Charles Winkler

3. (b) Social Security Number —

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed.

6 (b) Name of husband or wife Unknown

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 25th 1879

8. AGE: Years 60 Months 7 Days 12 If less than one day ____ hrs. ____ min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles Winkler
13. Birthplace Md.

MOTHER
14. Maiden name Bertha Schriber
15. Birthplace Germany

16. Informant Hospital Records.
Address Havre de Grace, Md.

17. Burial. Date thereof July 10th 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Francis Cemetery

Location Abington, Maryland.

18. Funeral director Howard K. McCormick
Address Abingdon, Md.

19. July 8th 1940 James H. Bay MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7th 1940, at 2:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22nd 1940, to July 7th 1940, and that I last saw him alive on July 7th 1940.

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Havre de Grace Md. Date signed 7-7-40

RECEIVED
AUG 3 1940
BUREAU V. S.